

Amt Rec'd: _____

Check/MO: _____

Receipt No.: _____

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH
BUREAU OF LICENSURE AND CERTIFICATION
EMERGENCY MEDICAL SERVICES

APPLICATION FOR RECIPROCAL CERTIFICATE

This application must be completed (front and back) and submitted to the Nevada State EMS Office (address listed on back) and must be accompanied by:

A. A check or money order payable to the "Nevada State Health Division" in the amount of:

1. Sixty dollars (\$60.00**) for Advanced EMT Certification.
2. Fifty dollars (\$50.00**) for Intermediate EMT Certification.
3. Forty dollars (\$40.00**) for EMT or First Responder Certification.

B. Copy of a valid EMT Certificate.

C. Copy of a valid CPR Card.

D. For Advanced EMT Certification, a copy of a valid ACLS Card.

Level of certification you are requesting: ☐ First Responder ☐ EMT ☐ Intermediate/85 ☐ Advanced EMT

Certification endorsements you are requesting: ☐ EMS Instructor

1. Name: _____
Last First Middle
Address: _____
Street City State Zip
Birthdate: _____ Social Security #: _____ ☐ Male ☐ Female
Phone #: _____ / _____ Email Address: _____
(Home) (Work)

2. Valid EMS Certificates currently held:

Certification #	Certification Level	Expiration Date	Issuing Agency

Attach copies of all certificates.

**\$25.00 fee for all returned checks

(EMS Office Use Only)			
Issue Reciprocal Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Reciprocal AA	<input type="checkbox"/> Yes <input type="checkbox"/> No EMS #: _____
Level: _____	Approved by: _____	Date Issued: _____	
Issue Nevada Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Issue Nevada AA	<input type="checkbox"/> Yes <input type="checkbox"/> No EMS #: _____
If no, explain: _____			
Level: _____	Approved by: _____		
Expiration Date of Certification: _____	Expiration Date of AA: _____		
Date Entered in Database: _____	Date Printed: _____		

3. Please provide full name and mailing address of the agency which issued your EMT certificate:
- _____
- _____
- _____
4. Have you ever had an EMS certificate revoked, terminated or suspended as a result of any disciplinary action?: ☐ Yes ☐ No
If yes, please explain the situation and provide information regarding final disposition: _____
- _____
- _____
5. **CHILD SUPPORT INFORMATION:** (Certificate cannot be issued unless the applicant provides the following information.)
Please check one of the following:
- _____ I am not subject to a court order for the support of a child.
- _____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- _____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
7. Do you intend to be associated with an ambulance service or other emergency response agency in Nevada: ☐ Yes ☐ No
If yes, give name and address of service or agency: _____
- _____
8. CERTIFICATION OF APPLICANT: **This application must be signed and dated.**
I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to reciprocal certification by the State of Nevada as an Emergency Medical Technician.

**ANY MISREPRESENTATION OR OMISSION MAY RESULT IN FORFEITURE
OR DENIAL OF CERTIFICATE**

Signature: _____
Sign in **BLUE** ink

Date: _____

State EMS Office
4150 Technology Way, Suite 200
Carson City, NV 89706
(775) 687-7590